Grant Application for **Training Funds**



The Massachusetts Workforce Workforce Training Fund Fund

• **Application Deadlines:** The deadlines for the General Program applications for any amount are 5:00 p.m. the first business day of every other month:

> January March May July September November

 Companies may apply online for a grant if they are an employer or labor organization applying individually—that is, applying without partners. Visit WTF on the web at www.mass.gov/wtf

> Deval L. Patrick Governor Timothy P. Murray Lt. Governor

Suzanne M. Bump Secretary

Daniel O'Connell Secretary

1. What is the Workforce Training Fund?

The Workforce Training Fund is a state fund financed entirely by Massachusetts employers, and enacted into law in 1998. The purpose of the Fund is to provide applicants with funds to train current and newly hired employees. The fund has been appropriated a minimum of \$18 million each state fiscal year.

2. Mission of the Workforce Training Fund

The mission of the Workforce Training Fund is to provide applicants with the resources to invest in the Massachusetts workforce and improve employee skills, and to maintain the economic strength and viability of the Commonwealth's businesses. The Fund's major focus is on small to medium-sized businesses that would not be able to make this investment without the assistance of the Fund.

3. General Priorities for Funding

The following priorities reflect the Workforce Training Fund's major focus:

- Projects that will result in job retention, job growth, or increased wages.
- Projects where training would make a difference in the company's productivity, competitiveness, and ability to do business in Massachusetts.
- Projects where the applicant or partner(s) has made a commitment to provide significant private investment in training for the duration of the grant, and after the grant has expired.

4. Eligible Applicants for Training Grants

The following applicants are eligible to apply to the Workforce Training Fund: employers, employer groups, labor organizations, and training providers.

- Employers (individual business enterprises). Nonprofit organizations are eligible if they pay into the Workforce Training Fund.
- Employer groups (includes groups such as trade associations, chambers of commerce, and Workforce Investment Boards, as well as informal groups of individual employers). Employer groups such as trade associations and chambers of commerce, and Workforce Investment Boards must partner with one or more individual employer(s).
- Labor organizations (includes labor organizations such as statewide umbrella labor organizations as well as individual local labor unions). Statewide labor organizations must partner with one or more local labor union(s) or employer(s).
- Training providers must partner with employers, an employer group, or labor organization(s). Training providers may **not** partner with an individual employer. If the applicant is a training provider, statewide labor organization, or an employer groups designated above, it must partner with one or more organizations that have employees to be trained. The organizations that have the employees to be trained are referred to as "partners."

All training funds must be used to train current or newly-hired Massachusetts-based employees.

5. Size and Duration of Grants

Training grants will be made from \$2,000 up to \$250,000 for training which will occur over a period not to exceed two years. Under new legislation, grants over \$250,000 and up to \$1 million may be awarded. These grants will be awarded in exceptional circumstances. Criteria for these grants are the same as for all WTF grants; however, those training programs resulting in significant job creation and job retention will receive additional consideration.

Funds may be used across state fiscal years subject to legislative authorization. Applications will be funded based on the selection criteria below and subject to availability of funds.

6. Selection Criteria

Applications will be reviewed and awarded on a competitive basis. Applications are encouraged from a broad range of applicants for a wide variety of training projects, both large and small. An overriding feature of each successful application will be that the training plan proposed is clear and measurable and that it responds to the applicant's real training needs. As a result, applications from small organizations that meet the applicant's training needs, however uncomplicated or modest, will receive the same consideration as more complex, elaborate training plans from larger organizations. The application is designed to be used by any size business, and applications from

small businesses are encouraged. It is important to note that, as a rule, applications will be funded—or not funded—as submitted. Given the volume of applications, the Division of Career Services will not negotiate with applicants to amend proposed work or budget plans. Applicants should view their submission as a "best and final" proposal and should propose only those training activities and budget items that are essential to the training plan.

7. Applications will be reviewed using the following selection criteria.

- Comprehensiveness and soundness of the project's training plan, including the appropriateness and qualifications of the trainer (30 points)
- Delineation of clear, measurable objectives, and the likelihood of achieving those objectives (25 points)
- Project budget, including cost effectiveness of the project's training plan and comprehensiveness of financial information provided (25 points)
- Consistency with the Workforce Training Fund mission and general priorities listed above, as well as the Fund's statutory mandate (Chapter 175 of the Acts of 1998, sec. 3) (15 points)
- Completeness of response to the application (5 points)

The points assigned above are intended solely to convey the relative importance of each selection criterion; applications will not be given numerical scores when they are reviewed. Applications with merit that are not funded in one grant cycle may be carried forward to the next at the discretion of the Workforce Training Fund Advisory Panel. Applicants will be notified in writing if this is the case.

8. Match Requirements

The total amount of the grant requested must be matched on at least a dollar-for-dollar basis by the applicant and/or partner organizations.* Match may be either cash or in-kind and includes only those current or newly incurred costs that are directly related to undertaking the proposed training. The total amount of the match must be met during the period of the grant.

9. Application Review and Notification Process

Applications received by the Division of Career Services will be reviewed by the Massachusetts Workforce Training Fund Advisory Panel. Workforce Investment Boards are also encouraged to provide comments to DCS on applications in their areas to be considered during the review process. Applicants will be notified of the status of their application in writing approximately 60 days after the application deadline. The determination to approve or not approve an application is not subject to appeal under any provision of G.L.c. 151A. The applicant acquires no property right or entitlement by reason of the filing of an application for a training grant or by reason of any determination made under Chapter 175 of the Acts of 1998, sec. 3.

10. Application Submission Instructions

A completed application will consist of the following information in the order listed below:

- A. This completed application form. Answer each question on this application form in spaces provided.
- B. Attachments answering questions under section VIII, Training Plan Summary; section IX, Training Details; and section X, Results of Training.
- C. Up to 10 additional pages of attachments that support the application, excluding annual reports. This is optional. Helpful attachments include detailed training descriptions or syllabuses.
- D. The applicant's (and partners', if they have a 30% or greater interest in the grant or match) financial statement. Financial statements are requested for the purpose of determining the applicant's financial viability. Audited financial statements are preferred. You must include the most recent 2 years balance sheet and income statement. Under law, all trade secrets, and commercial or financial information provided with this application are privileged and shielded from public disclosure. Financial statements will be promptly returned to the applicant after the review process is completed. Label the financials clearly with the organization's name (and partners if applicable). If you would like company financials returned to someone other than the contact person listed on the first page of your application, please indicate clearly on the financials the name, address and telephone number of that person.
 - For Nonprofits: For applicants that are nonprofits, please indicate the sources of funding for your organization and indicate whether they are public or private.

^{*} Dollar for dollar match may be waived in whole or in part, based on a demonstration of compelling need.

- Note on start-up companies: Start-up companies, particularly those that have been in business three years or less, are encouraged to submit a "start-up financial supplement" in addition to full financials, since these companies frequently show operating losses. The "start-up financial supplement" should include information on the age of the company, the amount and source of invested capital, investment restrictions, and amounts of secured and unsecured debt.
- E. A certified copy of a certificate in good standing from the Massachusetts Department of Revenue must be provided by any WTF grant applicant at the time of application submission. A link from the WTF homepage www.mass. gov/wtf will take you directly to the DOR certificate of good standing page. For more information you can also call 1-800-392-6089.
- F. If you are not the applicant but are a "partner", that is, the organization that has the employees to be trained, include a letter briefly outlining your organization's role in the training program that includes the number of employees to be trained and relates to the training goals and objectives outlined in the application.
- G. If the application is a revision of a previously-submitted application, include a cover letter explaining how the revised application addresses the findings in the "consensus review form" sent by DCS and any other changes made. These changes should also be made in the application.

11. Technical Requirements Checklist

The answer to each question below must be "yes." If your application does not meet the following minimum technical requirements, it will not be reviewed.

- Entity whose employees are to be trained is a non-governmental entity
- Application contains signatures of applicant and partner organization(s)
- Budget distinguishes between grant and match funds
- Financials are provided
- Training is for no longer than 24 months
- All trainees are Massachusetts-based employees
- If applicant is a nonprofit organization, it pays into the Workforce Training Fund

Please note: Applications for training grants will not be approved where the training provider has within the last 2 calendar years immediately prior to filing the grant application rendered financial services to the applicant. Such financial services include, but are not limited to, auditing, accounting and tax preparation.

12. Where to Call for Assistance

If you are interested in applying to the Workforce Training Fund and have questions about completing this application, you may find assistance from the following:

- Commonwealth Corporation provides free applicant assistance. Visit their website at www.commcorp.org. To reach the Applicant Assistance staff, companies may contact Mr. Doug Riikonen at CommCorp (617)727-8158, ext. 1241
- Many of the Commonwealth's Workforce Investment Boards are interested in assisting applicants and may be contacted for additional help.
- Further, the Massachusetts Office of Business Development may help you; call 1-800-5-CAPITAL.
- Mr. Vincent Lopes, Operations Manager for the Workforce Training Fund, at the Division of Career Services' toll-free Workforce Training Fund information line 800-252-1591.

We encourage you to log on to the Division of Career Services Workforce Training Fund website at www.state.ma.us/ wtf for copies of all applications, information updates and answers to frequently asked questions about this program.

13. Where to Submit Paper Applications

Send one original and 8 <u>unbound</u> copies of the completed application to the address below. Send two copies of the financials as a separate attachment clearly labeled with the organization's name to the address below. Faxed applications will not be accepted.

Massachusetts Workforce Training Fund

The Division of Career Services, 1st floor 19 Staniford Street Boston, MA 02114

14. Program Requirements: Method of Payment, Reporting, Monitoring and Evaluation

A. Method of Payment: As a general rule, an initial payment of 25% of grant funds will be made to the grantee after the grant contract is complete. The following 50% of funds will be distributed in two payments, on a cost-

- reimbursement basis, upon receipt of a payment voucher from the grantee. Funds can be expected within 30 days of submission of a voucher. The final 25% of awarded funds will be distributed upon receipt of a final financial and programmatic evaluation, in a format provided by the Workforce Training Fund.
- **B. Reporting:** Grantees will complete a grant activity summary, in a format provided by the Workforce Training Fund, to accompany each request for grant funds.
- **C. Monitoring:** The grantee agrees to make available to the grantor all records and documentation necessary to monitor and evaluate performance under the terms and conditions of the grant.
- **D. Evaluation:** Grantees will submit a final programmatic evaluation report, in a format provided by the Workforce Training Fund, with the request for the final 25% of grant funds. Grantees will agree to participate in a programwide evaluation of the Workforce Training Fund.

Instructions for "Training Details" Section XI - (page 4 of the application) Activities Section Instructions;

- Fill out one chart for each training activity you plan to undertake as part of your training plan. Training activities should support and enhance your organization's key goals i.e.: increasing worker skills and capacity, increasing product line or services delivered, increasing customer satisfaction, reducing costs, selling to new markets, improving quality, increasing productivity, strengthening employee involvement and/or increasing motivation, increasing size of workforce, building effective career paths, increasing job security, or improving wages and working conditions.
- Describe how training will take place
- What outcomes do you hope to achieve through this training activity?
- How will you know if you have achieved them? All training objectives and measures of success should be specific, quantifiable, and demonstrable. You will be asked to address these measures of success upon completion of the training program.

Budget Section Instructions;

Grant Funds:

- Grant funds may be requested for any fair and reasonable expense involved in the proposed training.
- Wages for employees while attending training are not allowed in the "grant funds" section; however, prorated wages for employees who are instructors may be included there.
- Expenditures for equipment using grant funds may not exceed 20% of the grant. When equipment purchases are proposed, applicants are encouraged to cover at least half of the expenditure using matching funds.
- Grant funds for training on equipment are allowed if the need is justified and an explanation as to why vendor did not provide training is provided.
- Training required to meet a legal mandate (i.e. OSHA) is considered a cost of doing business as opposed to a training cost and will not be funded.
- Grant funds may not be used to pay professional grant writers.

Match:

- The total request for training funds must be matched on a dollar for dollar basis (note: each individual expense item need not be matched on a dollar for dollar basis)
- Match may be either cash or in kind and may include only those current or newly incurred costs that are
 directly related to the undertaking of this training program. Some examples include; employees wages while
 in training, prorated value of facility used during training times, prorated salaries of in-house trainers providing the training, materials used up by employees during training time. Lost revenue during training will not be
 allowed as match.

Explanation of Costs:

- Budget items must be detailed to show how each cost was derived for example:
 - -25 trainees@\$35/hr x 48 hours each = \$42,000
 - -10 work books @\$25 each = \$250
- Use whole dollar amounts only. Do not use cents.



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(Use this chart to select your "training type" on pg. 4 of the application)

		<u></u>	raining Ivbe	<u></u>	Training Type
1103	Advanced Skills	1702	Engineering Studies	424	Molding
703	Advanced Software	103	Environmental Regulation Compliance	305	MRP/ERP
1504	Animal Care and Service	1	Environmental, Health, Safety	1303	Nail Care
17	Architecture and Engineering	201	ESL/ABE	909	Non-destructive Testing
209	Arts, Design, Entertainment, Sports, and Media	803	Executive/Leadership Development	20	Office and Administrative Support
101	Asbestos/Lead Abatement	413	Extruding	4	Operations/Production
401	Assembling	1005	Facilitation Skills	22	Operations/Production Occupations
210	Automotive Service and Repair	302	Facilities Planning	908	Organization Change/Development
208	Baking	15	Farming, Fishing, and Forestry	425	Packaging
13	Barbers, Cosmetologists, & other Personal Appearance Workers	1501	Fishing/Fishing Vessels	1801	Paralegal Studies
208	Basic Accounting	1201	Food Preparation	10	Personal & Team Mastery Skills
107	Basic Environmental Health and Safety Skills	1502	Forestry, conservation, logging	1401	Personnel Administration
403	Basic Manufacturing Technologies	804	Goal-Setting	603	Plumbing & Heating
2	Basic Skills	414	Grinding	205	Problem-solving
701	Basic Software	1503	Ground Maintenance	306	Procurement
404	Bottling and Canning	104	Hazardous Materials and Waste	807	Project Management
1901	Broadcasting	11	Health Care	5	Quality Assurance
2106	bus and Iruck Service and Repair	1102	Health Care - Basic Skills	507	Quality Control
601	Carpentry	12	Hotel/Restaurant/Hospitality	208	Quality Function Deployment
405	Cell Manutacturing	14	Human Resources Administration	509	Quality Planning
1001	Change Management	1402	Human Resources Management	510	Quality Tools/Skills
1101	Childcare	415	Hydraulics	16	Real Estate
802	Coaching	416	Injection Molding	1601	Real Estate Appraisal
1002	Coaching & Mentoring	209	Input/Output Devices	456	Robotics
1404	Compensation and Benefits	504	Inspection	206	Sales Training
407	Computer Control Systems/Bar-Coding	21	Installation, Maintenance and Repair	904	Salesforce Management
705	Computer Hardware Systems	702	Intermediate Software	905	Salesforce Motivation
408	Computer Integrated Manufacturing (CIM)	710	Internet & E-Mail	1302	Salon Management
409	Computer Numerical Control (CNC)	704	Intro to Computers	1305	Sanitation
7	Computer lechnology	303	Inventory Control	2105	Security and Fire Alarm Installation and Kepair
406	Computer-Aided Manufacturing	105	150 14000	307	Shipping/Receiving
1003	Conflict Management	505	150 9000	427	Six Sigma
9	Construction Related	2107	Jewelers and Precious Stone Work	1304	Skin Care
602	Construction Related - Electrical	106	Job Safety Analysis (JSA)	428	Soldering
604	Construction Related - Welding	417	Just-In-Time Manufacturing (JIT)	1902	Sound Engineering
501	Continuous Improvement	418	Kaizen	429	Spinning, Knitting, Weaving, Sewing
1301	Cosmetology	1006	Leadership Development	430	Stamping
901	Customer Service Training	∞	Leadership/Management/Planning/Strategy	511	Statistical Analysis
902	Databases	419	Lean Manufacturing	512	Statistical Process Control (SPC)
1004	Decision Making	2001	Legal Secretary Studies	605	Steel Fabrication
801	Delegation	18	Legal/Paralegal Studies	808	Supervisory Training
502		1007	Listening and Communication	1008	Team Building
2003		203	Listening and Communication Skills	2101	Telecommunication Equipment Installation and Repair
301	Distribution	304	Logistics	906	lelephone Skills
503	Documentation	420	Machining	1009	Time Management
1701	Drafting	805	Management Development/Styles	431	Tool and Die Machining
410	Drawing and Rolling	902	Marketing Communications	513	TQM - Total Quality Management
707	E-Commerce	903	Marketing Management	1403	Training and Development
2102	Electric Motol, Power 1001, and Related Repair	۷ ر	Marketing/Sates/Customer Service	308	Wateriousing
2102	Electrical and Electronic Installation and Donair	7 000	Modical Company Ctudion	432	Wetulis Morkalaca Litaraca
2103	Electrical alld Electronic Installation alld Repail	2002	Medical Secretary Studies	2007	Workplace Literary
00/	Electronic Data Interchange	124	Wetalwolkiiig	204	Workplace Matil
412	Electronics	422	Microprocessors	207	WILLING
102	Energy Management	423	Milling		

Workforce Training Fund APPLICATION FOR TRAINING FUNDS

1. GENERAL INFORMATION

Date:					
Applicant Legal Na	me:				
Doing Business As	(if different from legal)):			
Type Of Applicant:	pe Of Applicant: ☐ Employer ☐ Employer Group ☐ Training Provider ☐ Labor Organization				
	\square Profit or \square N	lon-profit If profit	☐ Publicly-traded	or □ Privately-held	
Federal Employer I	D Number:				
Division of Unemp	loyment Insurance Tax	ID number:			
MA Vendor Code II	D:				
Industry Type:	\square Manufacturing \square	Retail or Wholesale Tra	ade 🗆 Services		
	\square Construction \square	Finance/Insurance/Real	Estate		
	☐ Transportation/Co	mmunications/Utilities			
		Phone Number:			
II. CONTACT II	NFORMATION				
Contact Person:					
Business Title:		P	hone:		
			E-mail:		
Address: (if differe	nt from company addre	ess)			
		APPLICABLE pages if necessary to list	-	artners)	
☐ Profit or ☐ Non-	profit		If profit \Box	Publicly-traded or ☐ Privately-held	
Federal Employer I	D Number:				
Division of Unemp	loyment Insurance Tax	ID number:			
MA Vendor Code II	D:				
Address:					
Phone Number:					
Contact Person and	d Title:				
IV. APPLICANT	BACKGROUND I	NFORMATION			
data for eac	ch partner company as	an attachment.		s an employer group, supply	
	- material of the comput	.,	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,		
2) Number of	Current Employees:	• Parent Company	Full-time:	Part-time:	
		 Massachusetts 	Full-time:	Part-time:	
		 Applicant Locality 	Full-time:	Part-time:	

- That your company had any tayons during the tast year.	If yes, p	lease describe the nature of the layo
5) Have the employees to be trained been involved in the training pla	n design?	If yes, please describe ho
6) Are the employees to be trained union members?* If yes, please de		
Letter of support from union is required if the answer is "yes".		
 B. To be completed by LABOR ORGANIZATIONS only 7) Is the proposed training program designed for a specific group of emploinvolved in the training program design? 		
C. To be completed by LABOR AND/OR EMPLOYER ORGANIZATIONS w	ho are submitti	ng with partners
8) Explain the basis for selecting your partner organizations and how	each will partic	ipate in this project;
D. To be completed by ALL APPLICANTS 9) Has your organization received or benefited from public funding, ei years? If yes, please indicate amount \$ to	and the so	ource
ORKFORCE TRAINING FUND ACTIVITY 10) Is this application a resubmission of a previously submitted applic	cation?	
11) Are you applying in this round to the Workforce Training Fund progrant or as a partnering organization?		
cant or as a partnering organization?	r Fund Grant in	a previous round as an applicant, pa
cant or as a partnering organization? If yes, is it a Training Grant or a Technical Assistance Grant? Who is the lead applicant? 12) Has the company received any funding under a Workforce Training ner, or training provider? Briefly describe the training	Fund Grant in pplicant?	a previous round as an applicant, pa
cant or as a partnering organization?	Fund Grant in pplicant?	a previous round as an applicant, pa
cant or as a partnering organization? If yes, is it a Training Grant or a Technical Assistance Grant? Who is the lead applicant? 12) Has the company received any funding under a Workforce Training ner, or training provider? Briefly describe the training	g Fund Grant in oplicant?	a previous round as an applicant, pa

VI. PROPOSAL SUMMARY

13) Proposed start date:	(Allow 4 months after submission deadline
14) Duration of training in months	
15) Primary location of employees to be trained	
16) Total Number of MA employees to be trained	(Breakdown of total# of employees by occupational group
16a) Managerial & Administrative	16d) Clerical & Administrative Support
16b) Professional & Technical	_ 16e) Service
16c) Sales & Marketing	_ 16f) Production & Construction
17) Occupations/Trades of employees to be trained i.e.	engineers, heavy equipment operators etc

VII. 18) EXTERNAL TRAINING PROVIDERS - Attach additional pages if necessary to include _ all consultant information

Consultant Organization	How was Consultant Chosen? (i.e. reputation, recommendation, qualifications, certification offered, prior use, process of elimination through interviews	Cost to WTF (requested grant funds- this total should match the "Consultants" total in section XI- total training budget)	Do you have an existing agreement with this provider? Yes/No

VIII. TRAINING PLAN SUMMARY - Please answer the following 8 questions in up to 2 double spaced pages.

- 19) Write an overall description of the intended training plan.
- 20) Provide a description of the organization's current training activities and how the intended training plan differs from, and will enhance, current activities. What is the companies annual investment in training?
- 21) Why is the proposed training needed? What problem/s will it address and help solve?
- 22) How was the training need determined?
- 23) What is/are the goal/goals of your training plan? (i.e. Increase customer satisfaction and retention, in addition to accelerating the growth of our product line)
- 24) How has senior management, including the owner or CEO of the company whose employees are to be trained, been involved in the training program design?
- 25) Will the training program be sustained after the grant has expired? If so, how?
- 26) Please provide information on training logistics—Who will coordinate training? Will employees be paid during training? When will training take place-during work hours, after work hours? Where will the training take place—at workplace, at a training facility, etc.?

IX. TRAINING DETAILS - Complete one chart for each training type, refer to pages V-VI for further instruction 27) Training Type: _ (i.e. Customer Service Training) Training Objective- what do you hope to accomplish through this training? (Example: "Train all employees in the process of selecting, attracting, retaining, and building a profitable customer base".) How will you measure the success of this objective? (Example: "Increase the percentage of repeat customers from 30% to 50%)" Describe Training Activities: (Example: " Effective Communication Skills for Service Excellence" by external Training Provider)" Hours per week for how many weeks: (i.e. 4 sessions @ 8 hours each. Total of 32 hours.) How many employees in each category will participate in training? Managerial & Administrative_ Professional & Technical____ Sales & Marketing Clerical & Administrative Support_ Service Production & Construction_ **Training Expense | Funds** Explanation of Costs (Indicate how costs were derived and whether per attendee, per hour, per day, flat rate, etc.) **Salaries** Requested \$ (total cost) Match \$ **Materials** Requested \$ (total cost) Match \$_ **Supplies** Requested \$_ (total cost) Match \$ **Equipment** Requested \$_ (total cost) Match \$_ Other (specify) Requested \$_ (total cost) Match \$ Consultant Requested \$ (Name) Match (total cost)

X. EXPECTED RESULTS OF TRAINING – Please answer the following 8 questions in up to 2 double spaced pages.

- 28) Will any of the employees to be trained be promoted as a result of training? If yes, how many? Please explain.
- 29) Will any new jobs be created as a result of this training? If yes, how many? Please explain.
- 30) Will you be able to retain any more employees as a result of this training? If yes, how many? Please explain.
- 31) Will the wages of any of the employees to be trained increase? If yes, how many? Please explain (include job titles).
- 32) Will the training make your company more competitive? If yes, please explain.
- 33) Will the training make your company more productive? If yes, please explain.
- 34) How long after this training program is completed do you expect to know the impact?
- 35) If you expect any other results, please explain.

	ING BUDGET – Total each oning program cost	category from all training	g details sheets and enter
36) Expense Items	Grant Funds Requested	Matching Funds	Total Cost
Salaries			
Materials			
Supplies			
Equipment			
Consultants			
Other			
Totals			

Did you receive assistance from any of the following to de	evelop this application?	
\square Division of Career Services – Workforce Training Fund Sta	ff Division of Career Ser	vices – One Stop Career Center
☐ Commonwealth Corporation ☐ Workforce Investm	nent Board 🗆 MA Off	ice of Business Development
☐ Other – Please Specify		
III. AUTHORIZATION STATEMENT		
(Note: All signatures must be those of an officer of the oring agreements). I agree to meet the requirements, if sele a grant award. I certify that all information contained in the applicant's financial position, is true and accurate and unfor application non-review or award revocation. I certify the interest or penalty charges due under the Massachusetts company is in compliance with all applicable state and fety or other right by virtue of filing this application. If selection this proposal.	cted, of the Massachusetts his proposal, including all of derstand that falsification contains, payme unemployment law (G.L.c 1) deral laws. I understand the	Workforce Training Fund for documents pertaining to the of information may be cause ents in lieu of contributions, 51A) have been paid. The at I have acquired no prope
(Signature of Officer of Applicant Organization)	Title	
(Name of Signatory – typed)	Organization	Date
(Signature of Officer of Partner Organization if Applicable)	Title	
(Name of Signatory – typed)	Organization	Date
Use additional sheets if necessary to include all partners'	information	
You must complete this question:		
Was this application prepared by a professional grantwrite	er or training provider?	
If yes,		
Name		
Oversitation		
Organization		
Address		
Did the grantwriter charge a fee?		



XII. APPLICANT FEEDBACK